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Crossroads House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 14 March 2017. The last inspection took place on 21 May 2015. The service was meeting the requirements of the regulations at that time.

Crossroads is a care home which offers care and support for up to 47 predominantly older people. At the time of the inspection there were 42 people living at the service. The majority of these people were living with dementia. The service uses a detached house over three floors. There is a passenger lift for people to access the upper floors.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a registered manager in post.

Most staff had received training relevant for their role and there were good opportunities for on-going training and support and development. More specialised training specific to the needs of people using the service was being provided. However, one member of staff who was new to the role and had been working at the service since January 2017 had not been provided with moving and handling training. This member of staff was supporting people to move and transfer. The registered manager addressed this issue immediately and we were told following the inspection that this member of staff had now received this training.

The service had a process for recruiting new staff where necessary checks were made before a person began working with vulnerable people. Staff files contained Disclosure and Barring checks and references. However, one staff file contained no references. The registered manager told us that these had been obtained over the phone. This information was not recorded in their file. Two further staff files only contained one reference. The registered manager assured us this would be addressed immediately.

The service held money on behalf of three people living at the service. This money was held in individual zip bags for each person. We checked the records of the money held against what cash was present at the service. Two people's records did not tally with the money held. This was discussed with the registered manager and the head of care who were the only two people to have access to this money. Following the inspection we were advised by the registered manager that the money had been found in the safe and had been placed correctly in each person's zip bag.

Risks in relation to people's daily life were assessed and planned for to minimise the risk of harm. Such risks were reviewed as people's needs changed.

Staff were supported by a system of induction, training, and supervision. Care staff had not received annual appraisals. The registered manager assured us this was being commenced.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service displayed information for staff and visitors regarding how to raise any safeguarding concerns they may have.

The service was warm and comfortable with bedrooms personalised to reflect people's individual tastes. People were able to move freely around the various areas of the service as they wished. Electronic fobs were worn by some people to facilitate their access through specific doors which were locked to other people. This helped ensure people's independence was supported whilst keeping them safe. There were no unpleasant odours throughout the service. The housekeeping team worked hard to ensure that the service was kept clean and in good condition. Bedrooms and communal areas were regularly deep cleaned.

People were treated with kindness, compassion and respect. There were many positive interactions seen between people and staff with people showing great fondness for the staff, approaching them for support and guidance in a relaxed manner.

The service used an electronic medicines management system. The management and system for the administration of medicines was robust. People had received their medicines as prescribed. Regular medicines audits were consistently identified if any errors occurred.

Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service. Staff told us they felt well supported by the approachable management team.

The service had identified the minimum number of staff required to meet people's needs and these were being met. The service was fully staffed at the time of this inspection.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

The premises were well maintained. The service had provided orientation around the service to meet the needs of people living with dementia. For example, each person had a different bedroom door design and colour to help people to recognise their own bedroom.

Care plans were held on an electronic system. Information was easily accessible and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews although this was not clearly recorded on the system.

People had access to meaningful activities. An activity co-ordinator was in post who arranged meaningful activities for people. These included housework chores such as pairing socks, arts and crafts, music, games and events that involved families and friends.

The registered manager was supported by a head of care on a day to day basis, along with regular contact with the operations manager and the provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

Systems for the management of medicines were robust.

Is the service effective?

Good ●

The service was effective. Staff were well trained and supported with regular supervision.

People had access to a varied and nutritious diet.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good ●

The service was caring. People who used the service, relatives and friends of people who lived at the service were positive about the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good ●

The service was well-led. There were clear lines of responsibility and accountability at the service.

People were asked for their views on the service.

Staff were supported by the management team.

Crossroads House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 March 2017. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with two people living at the service. Not everyone we met who was living at Crossroads was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with seven staff and the registered manager, the head of care, the operational lead and the provider.

We looked at care documentation for four people, medicine records, six staff files, training records and other records relating to the management of the service.

Following the inspection we spoke with one family member and one person who had experience of the service.

Is the service safe?

Our findings

The service held the personal money for three people who lived at the service in separate named zip bags. People were able to easily use this money to use for hairdressing, toiletries and items they may wish to purchase. The money managed by the registered manager and the administrator. We checked the money held for the three people against the records kept at the service and two did not tally. Two people's money was short of the recorded balance shown. One person's by £10 and another by £1. Following the inspection the registered manager told us that the shortfall had been found in the safe and had become separated from the person's zip bag. This was corrected and we were assured no money was missing.

The service had a process for recruiting new staff where necessary checks were made before a person began working with vulnerable people. Staff files contained Disclosure and Barring checks and three of the six files we reviewed contained two references. However, one staff file contained no references. The registered manager assured us that two references had been obtained over the phone. This information was not recorded in their file. Two further staff files only contained one reference. The registered manager assured us this would be addressed immediately.

We recommend the service's recording processes are reviewed and a robust procedure is put in place to help ensure such issues do not re-occur.

The service was fully staffed. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were met quickly in the communal areas we spend time in. Staff carried pagers which vibrated rather than sounded when someone rang a call bell. The inspector rang a call bell in one person's bedroom and waited for a response from staff. There was no response from staff and the bell stopped ringing after a few minutes. This was discussed with the registered manager who checked the pagers held by staff which showed the call bell had been rung and received. It was not clear why staff did not respond. We were assured that this concern would be raised with staff.

People were positive about the service and were confident that people were safe in Crossroads. One relative told us, "I would not dream of having (the person) anywhere else."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received recent training updates on Safeguarding Adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

We checked the electronic medicine administration records and it was clear that people received their

medicines as prescribed. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. The service was holding medicines that required stricter controls. We checked the stock held against the records and they tallied. Medicines were stored safely. Regular internal and external audits were carried out that helped ensure medicine administration processes and procedures were safe and effective.

Medicines that required cold storage were kept in a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored daily. Staff training records showed all staff who supported people with medicines had received appropriate training.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, one person would often be found waiting by the front door to leave the service. This person was taken outside and accompanied to walk in the nearby vicinity. The guidance in the care plan advised staff how to approach the person and distract them gently. Staff told us how they did this successfully. Risk assessments were reviewed at each regular care plan review or if the person's needs changed.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. Staff told us they felt that they all approached such issues in a consistent manner to provide continuity for the person.

We looked around the building and found the environment was clean and there were no unpleasant odours. Hand gel dispensers were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately to reduce cross infection risks. The housekeeping staff had a robust programme of deep cleaning people's bedrooms as well as communal areas.

Crossroads was well maintained and all necessary safety checks and tests had been completed by appropriately skilled contractors. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced.

We saw from the staff rota there were sufficient care staff on each shift to meet people's needs. Each shift was supported by a senior and the manager or the head of care. All the staff felt they were a good team, morale was high and they worked well together.

Is the service effective?

Our findings

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care provision to help us understand the experiences of people who used the service. We spoke to families and representatives of people living at the service. Comments included, "We are delighted with Crossroads" and "We have no concerns at all."

The premises were in good order. There was clear orientation provided for people to help them to move around the service independently. Each person's bedroom door was a different colour and design to the ones nearby, this helped people to recognise their own room. People were able to decorate their rooms to their taste with their own possessions.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented, "We have a lot of training, some is on the computer, some is on paper and some is face to face training."

Training records showed staff were mostly up to date on mandatory training such as safeguarding adults and infection control. Regular updates were provided to help ensure staff had their knowledge refreshed. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia care and stoma care.

Staff received regular supervision. However, staff were not being provided with annual appraisals. The registered manager told us that the head of care and themselves had had an appraisal and the care staff were being planned. Staff told us they felt well supported by the registered manager and head of care and were easily able to ask for additional support if they needed it.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The induction was in line with the Care Certificate which helps ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. The Care Certificate should be completed in the first 12 weeks of employment. One new member of staff who had begun working at the service in January 2017 had a blank Care Certificate book held in their staff file despite an entry in February 2017 stating, "Given Care Certificate." When we spoke with this new staff member they had not completed specific mandatory training necessary to carry out their role safely. We were assured that some competency checks had been carried out with this staff member and that these would be transferred to their Care Certificate book. New staff also had a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager was aware of when people should be considered for an application for a potentially restrictive care plan and appropriate applications had been made. Two authorisations had been granted and there were no conditions attached to these authorisations. Some staff had been provided with training on the Mental Capacity Act and were aware of how to ensure people's legal rights were protected.

The service provided meals which had been delivered frozen to the service by an external company. People were positive about the food provided to them. Comments included, "First class" and "Lovely food." The service had been inspected by the Food Standards Association and given a five star rating. A pictorial menu was provided for people to help them to make choices about what meals they would prefer. Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept for short periods of assessment when this had been deemed necessary for people's well-being. People's weight was regularly checked and the management team monitored any changes in people's weights.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes.

Is the service caring?

Our findings

Relatives told us they felt involved in the care of their family member. Comments included, "The staff are wonderful, very kind and caring."

During the day of the inspection we spent time in the communal area of the service. People were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations, singing and laughter heard regularly throughout the service.

People's dignity and privacy was respected. Doors were closed when personal care was being provided. Staff knocked on people's bedroom doors before entering. Staff were clear about people's individual preferences regarding how they wished their care to be provided.

People's life histories were documented to varying degrees in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. The registered manager told us that they relied heavily on friends and family giving them information about people's past life so that this could be recorded. Staff were able to tell us about some people's backgrounds and past lives having spent time reading their care plan. They spoke about people respectfully.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to bring personal possessions and items which were reminiscent of their past. This helped give their bedrooms a familiar feel.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Some women wore jewellery and had their nails painted. Several of the ladies living at the service had handbags with them. These had been provided by the service for people to enjoy. Some people enjoyed caring for the baby dolls seen throughout the service, others stroked soft toys.

Families told us they knew about their care plans and the registered manager would invite them to attend any care plan review meeting if they wished.

The service did not hold residents and family meetings as they had not been well attended when held in the past. Instead the management team made a point of meeting with families and visitors to talk with them about their views and experiences of the service provided.

Is the service responsive?

Our findings

People and families were positive about Crossroads staff and the care and support provided. Comments included, "I have no concerns" and "They (staff) are wonderful to me."

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs.

People were supported to maintain relationships with family and friends. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. Visitors told us they felt involved in people's care.

Care plans were held on an electronic system which was easily accessed by all staff on tablet computers and laptops. Care plans contained detailed personalised information with clear guidance for staff on how to support each person well. The plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. People's preferences and dislikes were clearly recorded. For example, if the person had a preference of the gender of their care staff and how they liked their tea made. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. Family members were given the opportunity to see and agree to the content of care plans although this was not recorded on the electronic system.

Daily notes were consistently completed by each shift and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. For example, one person's care needs had increased over the weekend prior to this inspection. Care staff had been advised of the need for a hospital bed to be delivered so that this person could be cared for safely in bed. This bed arrived during the inspection. This meant staff were proactively responding to changes in people's needs and action was taken in a timely manner.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. This was provided and staff had monitored this equipment to ensure it was set according to people's individual needs.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends.

There was a staff handover meeting at each shift change. These meetings were built into the staff rota to

ensure there was sufficient time to exchange any information. During these meetings staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day. A handover record was completed to enable staff to refer to this information later in the shift if necessary. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time

People had access to a range of activities. An activities co-ordinator was employed and an organised programme of events including visits from entertainers and the local community was in place. Volunteers from the local area came in to the service to assist staff in chatting to people and helping provide drinks regularly. The local vicar attended the service along with children from the local school. On the day of this inspection we saw a person returning from having had lunch with a group they met up with regularly. The service had a large function room and this was used to hold dances. People from other care homes in the group were encouraged to join with people living at Crossroads to enjoy the event.

People had a variety of different areas throughout the service where they could choose to spend their time. There was a conservatory area and a secure outside space.

Some people chose not to take part in organised activities and therefore were at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people regularly.

The service provided access for staff to a range of policies and procedures such as safeguarding adults, Mental Capacity Act 2005 and infection control. These policies had been reviewed and provided accurate and current guidance.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the service users pack provided upon admission to the service. People told us they had not had any reason to complain. The registered manager had a robust process for recording any concerns raised and these were addressed in an appropriate manner in accordance with the policy held.

Is the service well-led?

Our findings

People, relatives and staff told us the registered manager was approachable and friendly. Comments included, "You can always talk to someone when you need to" and "Very easy to talk to and very supportive."

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a head of care, senior care staff and motivated carers. The management team were well supported by the operational lead and provider.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "I love it here" and "I feel privileged to be part of this team."

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. We saw the minutes for these meetings and details of what was covered. All the staff groups attended meetings and this meant they were given an opportunity to share ideas and keep up to date with any developments in working practices.

The registered manager worked in the service every day providing care and supporting staff this meant they were aware of the culture of the service at all times. Daily staff handover provided each shift with a clear picture of each person at the service and encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual. It was clear from our observations and talking with staff they had high standards for their own personal behaviour and how they interacted with people.

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, for example, medicines, weight records, prescribed creams, bed checks and wheelchair checks.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths.

There was a person in post with responsibility for the maintenance and auditing of the premises. Equipment such as moving and handling aids and lifts were regularly serviced to ensure they were safe to use.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. There were regular repairs and maintenance work to the premises. The boiler, electrics and water supply had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. Staff had attended fire safety training.